




CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN 2005 AFFILIATE APPLICATION

The following items **MUST BE RETURNED TO YOUR PRINCIPLE COMBINED FUND DRIVE AGENCY (PCFD)** in order for your organization to be considered for participation in the 2005 Campaign.
(Please **do not** send your application to the Victim Compensation and Government Claims Board.)

- 1. A completed application, **include an original signature. Please print or type all information.**
- 2. A **copy of your 501(c)(3) documentation**, including a letter from the IRS or other state issued documentation authorizing any legal name change.
- 3. **Return completed form** to your Principal Combined Fund Drive Federation

Please Note:

-  *Facsimile applications will **not** be accepted.*
-  *Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, please write "n/a" on the blank.*
-  *Please do not send additional information with your application, i.e. organization brochures, financial statements, etc.*

Pursuant to the legal authority cited above, the following organization hereby applies to the Board to (1) be included, by name, in the literature distributed during the 2005 California State Employees' Charitable Campaign (Campaign) by the organization(s) approved by the Board to serve as the PCFD for the area(s) listed in Section II below; and (2) receive contributions that State officers and employees may designate to our organization.

ORGANIZATION INFORMATION:

1. ORGANIZATION NAME

A. LEGAL NAME exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form.

If your organization name does not match that stated on the 501(c)(3) documentation, is known by another name or you would like contributions directed to a specific program within your organization, please complete this section by placing a check mark in the appropriate box. (An Organization name change **REQUIRES** the submission of supporting documentation with your application i.e. fictitious business name statement, articles of amendment, etc.)

B. We are:

☐ **Doing Business As** ☐ **Also Known As** ☐ **Program run by the Organization**

name: _____

ORGANIZATION ADDRESS:

2. PHYSICAL ADDRESS:

(Required for verification purposes)

CITY, STATE, ZIP: _____

3. MAILING ADDRESS:

(If different than the physical address)

CITY, STATE, ZIP _____

CSECC ID number:



CONTACT – ADDITIONAL INFORMATION

4. PRIMARY CONTACT: _____

(Name and Title)

5. TELEPHONE NUMBER: (____) _____

(Please do not use letters.)

6. EMAIL ADDRESS: _____

7. WEB PAGE ADDRESS: _____

8. FEDERAL TAX ID NUMBER: _____

DESCRIPTION OF ACTIVITIES**New Applicants**

Please provide a statement, no greater than 25 words in length,¹ describing your organization's activities. DO NOT include the name of your organization in your statement. Your web address may be included and will not be counted as part of the 25 words. This statement will be included in the local Campaign Brochures.

*Sample appearance in brochures:***0000 Name of Organization**

Address

Phone no.

25 Word Description

Previous Applicants

Modifications may be made by lining out information and writing in the desired wording. A separate sheet may be attached, if necessary.

☐ No changes are necessary; please continue to use the statement below. *(If no statement is pre-printed, please provide it on the following lines.)*

CONDITIONS FOR APPROVAL OF THIS APPLICATION:**We certify under penalty of perjury:**

- 1) *That we are currently a charitable organization qualified as "exempt" under section 23701d of the California Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and*
- 2) *That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with section 12900).*

PLEASE RETURN THIS APPLICATION TO YOUR PCFD

Please be sure that this application includes required documentation for a name change or doing business as statement. This will avoid any unnecessary delays in processing the application.

Original Signature of Executive Officer or Authorized Officer
(blue ink preferred)

Date

Type or Print Name of Executive Officer or Authorized Officer

Title



¹ The Board will edit any statement that uses special fonts or exceeds 25 words.